

**Tennessee Department of Safety  
Research, Planning and Development  
1150 Foster Avenue  
Nashville, TN 37243  
Ignition Interlock  
Installers Application**

☐

**Original**

☐

**Renewal**

<b>Name:</b>				
Last	Middle	First	Date of Birth	
<b>Address:</b>				
Street		City	State	ZIP
<b>Phone Number</b> (      )			<b>Social Security Number</b>	
<b>Do you currently have a valid driver License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If no, explain?</b>	
			<b>D.L. Number</b>	
<b>Citizenship</b> <input type="checkbox"/> USA		<b>Specify</b> <input type="checkbox"/> Other		<b>Do you read, speak, write &amp; understand English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Background</b>		
<b>Have your driving privileges ever been revoked, suspended or cancelled in any State?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, explain?</b>		
REASON	STATE	DATE
<b>Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? A felony is defined as an offense punishable by imprisonment for a term of one year or greater.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, explain?</b> (Use separate sheet if needed)		
REASON	STATE	DATE

<b>Training</b>	
<b>Are you certified to install interlock devices?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
The certification date and name of manufacturer of the ignition interlock device.	
<b>Date</b>	<b>Manufacturer Name</b>
List any experience in providing the services of installing, servicing and uninstalling ignition interlock devices in other jurisdictions:	

(Use separate sheet if needed)

**Interlock  
Installers Application**

The Department may deny, suspend or revoke the privilege of installing a ignition interlock device or the privilege of being an installer therefore for any violation of the law, rules or regulations relating to the installation, uninstallation and servicing of such device thereof. The Department may deny, revoke or suspend the installer for the following:

1. Conviction of a operator/owner or instructor of a felony or any crime involving violence, dishonesty, deceit, fraud, indecency or moral turpitude.
2. Knowingly presenting false or misleading information to the Department.
3. Failure or refusal to permit the Department to inspect, audit or investigate the premises, the installation records, financial records, etc.
4. Failure to submit the application with supporting documentation within the prescribed time limit.
5. Failure to maintain Department approved standards in instruction, equipment or facilities.
6. The presence of alcoholic beverages or narcotic drugs on the premises.

I affirm that I have read and understood the obligations of the Ignition Interlock Device installer set forth in Rules of Ignition Interlock Device Program Rules 1340-1-14 and am fully capable of carrying out said obligations. I give consent for the Department of Safety to conduct whatever investigations necessary to determine my eligibility. I understand that false, misleading or incomplete information in my application may result in denial, cancellation, suspension or revocation of my application, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_